

a piece of skin preserved in spirit, are deposited in the museum of University College, and can be seen by any one. Dr. Harley also has made drawings of the microscopic appearances of the skin and capsules.

I need not detail the condition of the other organs at length; the liver weighed thirty-four ounces, and presented a fine example of the contracted hobnail, or granular liver; the spleen weighed $14\frac{1}{2}$ ounces, its capsule was uniformly thickened, to the amount of about a quarter of an inch; on section it was firm, not evidently hæmorrhagic, and without apparent enlargement of the Malpighian bodies; it was not examined microscopically. The kidneys $4\frac{1}{2}$ ounces each; they seemed healthy to the eye: on microscopic examination they were found to contain perhaps a slight excess of fibrous tissue, but the tubes and epithelium were quite healthy.

The facts which may be taken as certain in this case, are the existence of extensive pigment deposit in the rete-mucosum of the skin, without the slightest trace of disease of the supra-renal capsules. Whether the disease is to be received as an example of the *Morbus Addisonii*, and if so, whether it is sufficient to destroy the doctrine of the supposed necessary coincidence between pigment darkening of the skin and disease of the supra-renal capsules, are points in which the readers of this journal will judge for themselves. For my own part, I can see no distinction between the skin affection in this case and in those cases recorded as examples of the *Morbus Addisonii*, in which the skin has been microscopically examined. The anatomical condition of the skin was the same; the depth of colour, though great, was merely dependent on a high degree of the anatomical condition (*viz.* pigment deposit) and the fact that some patches of the skin were devoid of colour, is pointedly described by Dr. Addison as occurring in some of his patients. I therefore can come to no other conclusion than that this case shatters the doctrine of the necessary connection between this peculiar state of the skin and disease of the supra-renal capsules. It is true, however, that there was no anæmia, nor any of those grave but obscure constitutional symptoms of weakness and general failure, which are described so carefully and emphatically by that eminent physician; and, therefore, this case proves or disproves nothing as to the connection between disease of the suprarenal capsules and grave anæmia with or without pigment changes in the skin.

18. *Complete Disorganization of both Supra-renal Capsules without Discoloration of the Skin.*—While the case related above by Dr. Parkes distinctly proves that there may be very great bronzing of the skin without any disease of the supra-renal capsules, the case now to be noticed, an account of which we find in the *Med. Times and Gaz.* (Jan. 8, 1859), given by Mr. NORRIS F. DAVEY, demonstrates that there may be complete destruction of the capsules while the skin remains of marble whiteness.

R. A., aged $18\frac{1}{2}$ years, a servant-girl, reputed to be healthy, was confined Dec. 22, 1857, of a child at the full period, and died rather unexpectedly two days afterwards.

Sectio Cadaveris, Dec. 30.—Body fat, of uniform marble whiteness; no putrefaction. Legs œdematous. Three-quarters of an inch of subcutaneous fat. *Thorax*.—Four ounces of serum in pericardium. Heart enlarged, pale; fatty degeneration of muscular substance. Both ventricles dilated and hypertrophied, the left very much so; both full of fibrinous clots. Valves healthy. Auricles: right dilated; left natural. Pleural cavities containing each about a pint of serum. Lungs pale, collapsed, gray; posterior lobes infiltrated with serum; otherwise healthy. Abdomen containing three or four pints of serum. Omentum, etc., very fat. Stomach quite healthy. Liver enlarged, pale; its convexity indented by the enlarged heart, fatty, containing much serum. Small intestines and colon healthy. Pancreas and spleen natural. Kidneys: left much enlarged, fatty; right less so. *Supra-renal Capsules*.—Left, large, dark gray in colour externally; no trace of natural structure on section; its contents consisted wholly of dark reddish-brown, soft matter, mixed with yellowish, cheesy masses. Right, very small, pink, semi-transparent, and gelatinous in appearance, both without and within. They were preserved for microscopic examination. Uterus

pale, firm, natural in appearance on section; point of attachment of placenta seen at fundus. Ovaries and bladder healthy. Head not examined.

Upon examining the supra-renal capsules under the microscope with a good $\frac{1}{4}$, and also with a Ross's $\frac{1}{2}$, I could find no trace of the normal cell structure, the left consisting of dark amorphous matter mixed with abundant oil-globules; the right almost entirely of fatty matter.

Dr. Parkes's case proves distinctly that there may be very great bronzing of the skin without any disease of the capsules; the present case proves that there may be complete destruction of the capsules, and yet the skin remain of marble whiteness; it must, therefore, be conceded that the remarkable coincidence of darkened skin and diseased capsules, discovered by Dr. Addison, though very frequent, is not necessary.

19. *Intense Neuralgic Pain in the Head; Sudden Death; Cysts in the Cerebellum.*—Dr. JAMES TURNBULL, Phys. to the Liverpool Infirmary, relates (*Liverpool Medico-Chirurgical Journ.*, Jan., 1859) two instructive examples of this.

CASE I.—Sam. Carpenter, a sailor, aged 32, was admitted into the Royal Infirmary on the 12th of April, 1857, having been ill with pain, in the head and neck, of most intense character for six weeks. He had the greatest difficulty in turning or moving the head, and the pain was chiefly in the right side. The sight of the right eye was somewhat impaired, but there was no difference in the size of the pupils. He had weakness, but no loss of power or feeling in the limbs. The tongue was very much furred when he came in, but it became nearly clean at one time, being variable in its condition. He had occasional vomiting, and the bowels were obstinately confined. Various remedies were tried—aperients, quinine, and opium, without any benefit. It was thought there might be some deep seated disease of the vertebræ or bones at the base of the skull, and issues were made with potassa fusa, and iodide of potassium given. These means all failed in affording any relief, and he was then brought gently under the influence of small doses of blue pill. When his mouth became affected, he appeared to experience great relief, but in a day or two after, he died suddenly whilst eating his dinner. He was admitted on the 12th of April, and died on the 14th of May, having been ill therefore about ten weeks.

Post-mortem.—There was no disease found in the vertebræ of the neck, or in the bones at the base of the skull, but a cyst, the size of a pigeon's egg, was discovered in the right hemisphere of the cerebellum, embedded in it, and almost entirely covered by the cerebral substance. The walls were very thick and rather vascular, and it contained a thick, yellowish, clear fluid, with also a clot of blood, which occupied about a third of the cyst.

CASE II.—Mrs. M., a lady about 34 years of age, sent for me on the 8th of May, to see her in consultation with Mr. Kay. The previous summer she had suffered from a severe and acute affection of the brain, for which she had been bled in the arm. She was pregnant at the time, but soon recovered from the attack. Five months previous to my seeing her, she began to suffer severe pain in the head, for which almost every kind of treatment was tried—counter-irritation and depletion, as well as tonics, but all without the slightest permanent benefit. I found that she had very severe pain in the right side of the head, behind the ear. Occasionally, and especially when she moved her head, most acute paroxysms came on, causing her to scream out. At other times she was almost free from pain, but was always rather unwilling to move her head, lest it should bring it on. There was great irritability of the stomach, and she frequently vomited dark bilious matter. The bowels were rather costive. The tongue was a good deal furred, especially at the back. There was no heat of skin, or febrile disturbance, and the pulse was generally 90 or under. She had deafness of the right ear, but the sight was unimpaired, and there was no loss of sensation or muscular power.

She was brought gently under the influence of small doses of blue pill, and for a week after she was comparatively free from pain, so that hopes were entertained of her recovery.

The pain and vomiting then returned as badly as before, and belladonna and